



U.S. DOT No. 125550

ADDITIONAL SERVICES PERFORMED

CUSTOMER _____

REGISTRATION NUMBER

SHIPMENT INFORMATION:

PICKUP DATE _____ TIME BEGAN LOADING _____ AM/PM TIME FINISHED LOADING _____ AM/PM
 DELIVERY DATE _____ TIME BEGAN UNLOADING _____ AM/PM TIME FINISHED UNLOADING _____ AM/PM
 DELIVERY ADDRESS _____ CITY _____ STATE _____ ZIP _____

CUSTOMER NOTE: Additional services may require the assessment of extra charges. This form will accompany your shipment from origin to destination. Your initials in the appropriate boxes will indicate your agreement to the additional services performed at each point.

SPECIAL SERVICES

COMPLETED AT ORIGIN

COMPLETED AT DESTINATION

1. IS RESIDENCE A SINGLE FAMILY DWELLING? (If yes, inside flights & elevator do not apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
1A. ELEVATOR (No charge under 400N or 1000) WT @ ORIGIN _____ WT @ DEST _____ WT @ EX P/U _____ WT @ EX DEL _____	<input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	<input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
1B. STAIR CARRY CHARGE (No charge under 400N or 1000) WT @ ORIGIN _____ WT @ EX P/U _____ WT @ DEST _____ WT @ EX DEL _____ *1st FLIGHT MUST HAVE AT LEAST 8 STEPS	# FLIGHTS INSIDE* _____ # STPS/FLTS OUTSIDE ____/____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	# FLIGHTS INSIDE* _____ # STPS/FLTS OUTSIDE ____/____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
2. LONG CARRY/EXCESSIVE DISTANCE WT @ ORIG _____ FT COMPLETE IF OVER 75 FT. WT @ DEST _____ FT LIST TOTAL DISTANCE WT @ EX P/U _____ (No charge under 400N or 1000) WT @ EX DEL _____	_____ FT CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ FT CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
3. FLIGHT PIANO/ORGAN **1ST FLIGHT BEGINS WITH FIRST STEP (No charge under 400N or 1000)	# FLIGHTS INSIDE** _____ # STPS/FLTS OUTSIDE ____/____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	# FLIGHTS INSIDE** _____ # STPS/FLTS OUTSIDE ____/____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
4. EXTRA LABOR FOR THE PERFORMANCE OF SERVICES WHERE SPECIFIC RATES ARE NOT PUBLISHED IN TARIFF (EXCLUDES PACKING/UNPACKING RELATED LABOR SEE PACKING SERVICES REPORT) PURPOSE	___ # OF WORKERS ___ HRS PER WORKER CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	___ # OF WORKERS ___ HRS PER WORKER CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
5. OVERTIME LOADING/UNLOADING TIME BEGAN _____ AM/PM DATE _____ TIME FINISHED _____ AM/PM DATE _____ OT PACKING <input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ OT UNPACKING <input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ OT UNPACKING <input type="checkbox"/> Yes <input type="checkbox"/> No CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
6. WAITING TIME ____ HOURS FREE TIME ALLOWED ACTUAL TIME BEGAN _____ AM/PM DATE _____ AGENT _____ AUTH. BY _____ ACTUAL TIME FINISHED _____ AM/PM DATE _____ # OF WORKERS (WAITING TIME LABOR) _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
7. SHUTTLE SERVICE # OF WORKERS (LABOR) _____ TIME BEGAN _____ (NOTE: TIME SHOULD NOT INCLUDE UNPACKING) TIME FINISHED _____ AGENT PROVIDING LABOR _____ AGENT PROVIDING VAN _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ WEIGHT DATE _____ _____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____	_____ WEIGHT DATE _____ _____ AM/PM DATE _____ _____ AM/PM DATE _____ CUSTOMER INITIALS _____ AGENT # _____ PVO # _____
8. BULKY ARTICLES PLAYHOUSE/SHED _____ BIG SCREEN TV _____ AUTO/TRUCK _____ CAMPER (UNMOUNTED) _____ PIANO/ORGAN _____ SPORT/UTILITY VAN _____ SNOW MOBILE/GOLF CART _____ HOT TUB/SPA _____ MOTORCYCLE _____ CC TRAILER _____ OTHER _____ TRACTOR/RIDING MOWER _____ HP FARM EQUIPMENT _____ CUSTOMER INITIALS _____		
9. WEIGHT ADDITIVE TRAVEL CAMPER _____ FT CANOE _____ FT BOAT TRAILER _____ FT OTHER _____ FT BOAT _____ FT SAILBOAT _____ FT CUSTOMER INITIALS _____		
10. EXTRA PICKUP WEIGHT _____ CUSTOMER INITIALS _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	EXTRA DELIVERY WEIGHT _____ CUSTOMER INITIALS _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	
11. BRIDGE/FERRY CHARGES (PER TARIFF) LOCATION OF BRIDGE/FERRY CITY _____ ST/PROV. _____ ZIP _____ CITY _____ ST/PROV. _____ ZIP _____		
12. SELF STORAGE/MINI WAREHOUSE PICKUP WEIGHT _____ CITY _____ STATE _____ ZIP _____ AGENT CODE _____ CUSTOMER INITIALS _____	SELF STORAGE/MINI WAREHOUSE DELIVERY WEIGHT _____ CITY _____ STATE _____ ZIP _____ AGENT CODE _____ CUSTOMER INITIALS _____	

CUSTOMER HAS BEEN GIVEN A COPY OF THIS COMPLETED FORM MARKED AND INITIALED TO SHOW SERVICES PERFORMED.
 DELIVERING AGENT/HAULER CODE _____ DATE _____

I HAVE RECEIVED A COPY OF THIS FORM INITIALED BY ME TO AUTHORIZE PERFORMANCE OF SERVICES SPECIFIED. **LOSS AND DAMAGE SHOULD BE INDICATED ON THE CUSTOMER CHECK-OFF SHEET.**
 CUSTOMER SIGNATURE _____ DATE _____